

37710

(1) NORMAL WORK HOURS:
0800 - 1700

(2) PRIVATE VEHICLE LICENSE No.:

(3) MILAGE RATE CLAIMED:
0.50

ACCOUNTING RECEIVED
NOV 17 11 48:32

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS/VOUCHERS WHEN REQUIRED)

2/19/2010: Purpose of trip to attend LA RTTAC
2/22/2010: Purpose of trip for La Conchita meeting

AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REV. FUND CHECK No.		PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL
	99650				292	82.00 42.00	293	80.00 18.00					162.00 60.00
TOTALS						162.00 42.00		160.00 18.00					322.00 60.00

(15) I HEREBY CERTIFY That the above is a true statement of the travel expense as incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754. 0750, 0751, 0752, 0753 and 0754

(16) SIGNATURE.

PAYMENT

DATE _____

3/11/10

DATE _____

(17) SPECIAL EXPENSES STATE AND TITLE (See line 17 on reverse)